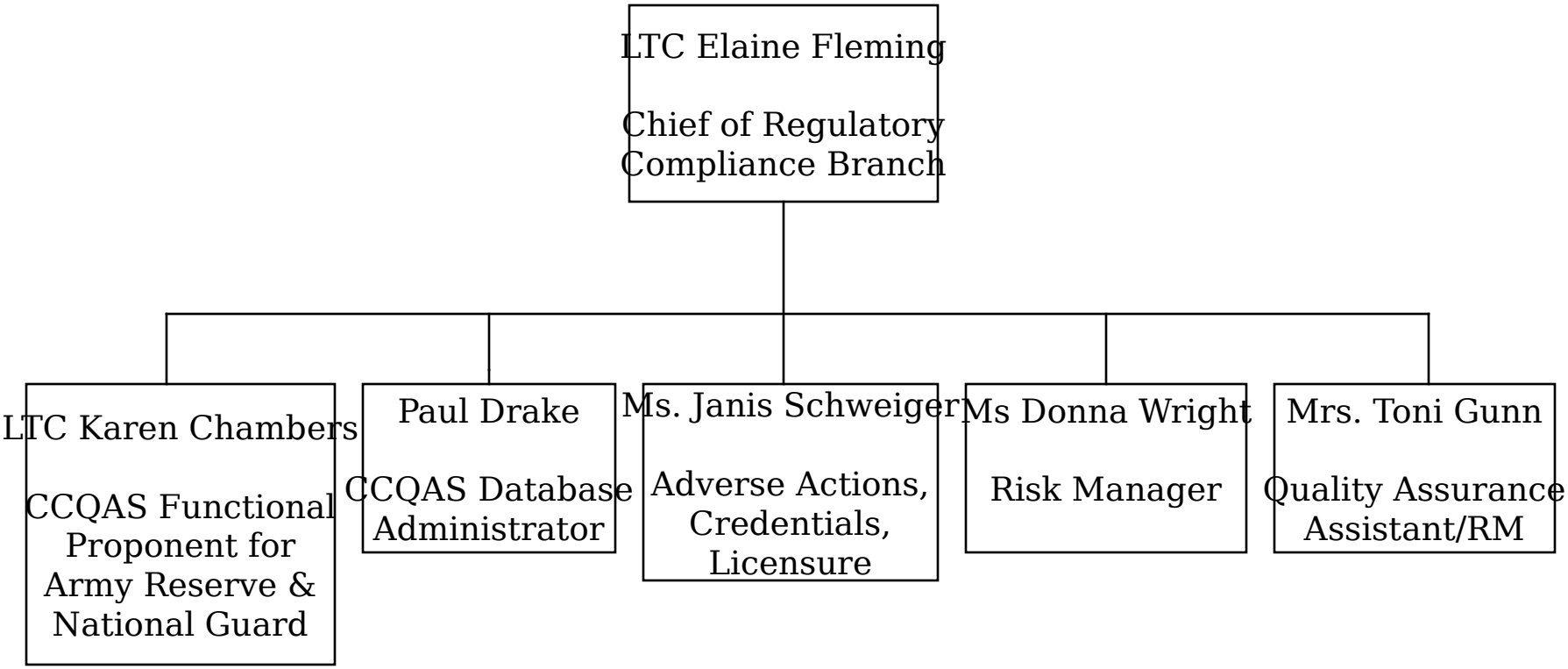
MEDCOM Credentialing and CCQAS Training Course

2006

QUALITY MANGEMENT DIVISION
U.S. ARMY MEDCOM

“Without quality, there is no value”

REGULATORY COMPLIANCE BRANCH US ARMY MEDCOM



Regulatory Compliance Branch POC List

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Classroom Etiquette Information

- Be considerate of others….keep small group discussions to a minimum
- Write down questions on the cards provided and we will attempt to answer them after each break
- Break area
- Smoking area
- Latrines

OUR GOAL

- Ensure that each student has a basic working knowledge of the Credentialing and Privileging Process and CCQAS 2.7

YOUR GOAL

- WHAT IS YOUR GOAL

??????????????

- **Please write your Goal you expect to achieve from this class on the cards provided to you.**

Objectives

- Identify the difference between credentialing and privileging.
- Understand the preparation of the PCF
- Demonstrate basic use of CCQAS
- Understand the use of the ICTB
- Identify the process used to report adverse privileging actions/Impaired Provider
- Build a communication network among credential managers and CCQAS subject matter experts

Quality Management Regulatory Guidelines

- DOD 6025.13 May 4, 2004
- DOD 6025.13.R June 11, 2004
- AR 40-68, Clinical Quality Management, dated
  26 February 2004
- Public Law 99-660.
- Joint Commission Accreditation Healthcare Organization (JCAHO) Manual

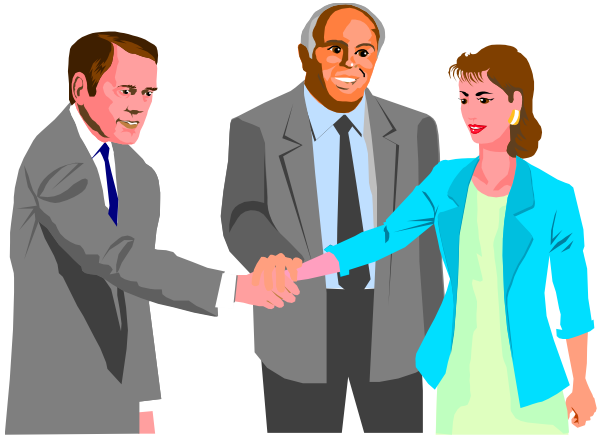
Quality Management Issues

- Deployment/Providers showing up without credentials
- National Provider Identifier (NPI)
- Expansion of Entering Health Care Personnel into CCQAS
- Data Quality (CCQAS)
- Duel licensure (LPN/RN Licensure)
- Physician Assistant Certification/Licensure Waiver
- Adverse Actions Follow Through/Impaired Provider
- License Fee Waiver Issue

QUESTIONS ??????????????????

Break Placement Slide

The Credentials Manager



Position Titles

- Health System Specialist
- Credentials Technician
- Quality Management Coordinator
- Credentials Coordinator
- Credentials Custodian
- Credentials Assistant
- Credentials Manager
- Medical Staff Services Professional
- Provider Credentialing Specialist

"Job titles vary from facility to facility, service to service"

Role of Credential Coordinators/Managers

- Meet, greet, and interact with providers
- Compile and maintain the Practitioner Credential File (PCF) of providers
- Conduct prime source verification
- Query NPDB
- Monitor status of background checks
- Assist providers in completing paperwork
- Input data and maintain CCQAS Database
- Monitor licensure status and other significant reporting criteria as identified by commander

Role of Credential Coordinators/Managers (Cont)

- Process request for privileges and/or appointments
- Prepare Inter-facility Credentials Transfer Brief (ICTB)
- Assist with adverse action processing and report actions to RMC/MEDCOM
- Coordinate with Operations/Training personnel to assist commander in validating medical readiness
- Maintain current knowledge of and ensure compliance with JCAHO medical staff standards and state or federal requirements

Role of Credential Coordinators/Managers (cont)

- Keep the commander advised of regulatory changes in quality management polices
- Provide staff support to the credentials function
- Work cooperatively with AC/RC in all like credentialing/privileging requirements
- Monitor access to credential files
- Serves as point of contact (POC) for facility/unit and coordinates credentialing/privileging activities

Responsibilities of Credentials Committee

- Review license, education, training, and competencies against assigned/duty AOC
- Advise Commander of any discrepancies identified in review of PCF
- Provide recommendation on the individuals request for clinical privileges

Commander Responsibilities

- Appoint on orders credentials managers and members of credentials committee
- Provide resources necessary for credentials personnel to accomplish mission
- Grant or deny request for privileges in support of facility/unit missions
- RC Commanders/State Surgeons are the approving authorities for privileges requested by RC HCPs

Commander Responsibilities (cont)

- Ensure providers **DO NOT** report without prior approval of privileges

- Annually review medical readiness status of providers for update into CCQAS

Endstate

The expedient deployment of qualified, clinically competent practitioners in support of all contingencies!

QUESTIONS ??????????????????

Break Placement Slide

THE CREDENTIALING PROCESS

DEFINITIONS

- Health Care Practitioner: Member of a healthcare profession required to possess a professional license or other authorizing document
- Credentials: The documents which constitute evidence of training, licensure, experience and **current** competence of a practitioner.

DEFINITIONS

- Credentialing: The **process** of reviewing the credentials and **current** competence of health care practitioners applying to practice in an institution.
- Privileging: The granting of permission to practice in an institution within the framework of defined clinical practice

DEFINITIONS

- Prime Source Verification: Verification of a practitioner's or provider's qualifications and credentials with the source issuing the credentials.

QUESTIONS ??????????????????

Break Placement Slide

PRACTITIONER CREDENTIAL FILES (PCF)

PRACTITIONER CREDENTIAL FILES (PCF)

- Per AR 40-68, Chapter 8 section 7
- The PCF will be a six-part file with like documents grouped together and filed in reverse chronological order (most current on top)

PRACTITIONER CREDENTIALS FILE (PCF)

- Maintained throughout provider's career contains all credential document verifications, evaluations, and privileging activities
- Removal of documents is governed by

AR 40-68

WHO REQUIRES A PCF?

- Physicians
- Dentists
- Dental Hygienist
- Physician Assts
- Nurse Practitioners
- Nurse Anesthetists
- Nurse Midwives
- **Clinical Dieticians**
- Clinical Pharmacist
- Clinical Social Workers
- Clinical Psychologists
- Clinical Directors of Army Substance Abuse Programs
- Red Cross Volunteer

WHO REQUIRES A PCF? (Cont)

- Physical Therapists
- Occupational Therapists
- Speech Pathologists
- Audiologist
- Podiatrists
- Optometrists

Who does not require a PCF

Definition of who does not require a PCF:

- A health care provider who is not eligible for clinical privileges. Examples follow:

1. RN
2. LVN
3. 91WM6

- Though these providers do not require a PCF they need to be entered into CCQAS

Mandatory Provider Entry

Health Affairs Memo

- All Physicians and Dentists by 1 Oct 03
- Remainder of List by 1 Mar 04
- RNs, LPNs, LVNs—date to be determined

CCQAS

PROS

- Central Database
- Easy Access
- User friendly
- Alleviates multiple databases
- Permanent File
- Most current information
- Deployments

CONS

- Initial entry will require resources
- Garbage in, Garbage out

5 TABS of information entry into CCQAS for non-privilegable providers

- Demographics
- Specialties
- Professional Training
- Additional Training
- Licensure/Certification/Reg.

Demographic Mandatory Fields

- Country
- SSN
- First and Last Name
- Date of Birth
- Gender
- Provider Type
- Branch
- Rank
- Corps
- AOC
- Accession

Specialty Mandatory Fields

- Specialty
- Level

Professional Education Mandatory Fields

- Type and Name of Degree
- Institution
- Dates Attended
- Dates Completed

ONE TIME ONLY!

Additional Training Mandatory Field

- BLS

License and Certification Mandatory Fields

- License Information (License Type, State, Number, Field, Expiration Date)
- Primary Source Verification (Verified Date, Standing of License)

  -Checking of Good Standing requires a

  verified date

IMPLEMENTATION PLAN
(NURSE ENTRY INTO CCQAS)

- Implementation Memo (May 04)
- Brief Chief Nurses (May 04)
- Determine responsibility for data entry and maintenance. (June 04)

IMPLEMENTATION PLAN

(NURSE ENTRY INTO CCQAS)

- Brief decision to Chief Nurse Executive MEDCOM (July 04)
- Initiation of entries into CCQAS (1July 04)
- Completion of entries (31 Dec 04)

PROVIDER CREDENTIAL FILES (PCF)

SECTION I

- DA Form 4691- Initial Application for Clinical Privileges and Staff Appointment (for appointees only at time of initial application for privileges)
- DA Form 4691-1 – Application for Renewal of Clinical Privileges and Staff Appointment (for everyone)

PROVIDER CREDENTIAL FILES (PCF)

- DA Form 5440 series - Delineation of Privileges (discipline specific, i.e. surgery)
- DA Form 5441- Evaluation of Privileges (the unit’s as well as, any MTF’s)

PROVIDER CREDENTIAL FILES (PCF)

- DA Form 5754- (Malpractice and Privileges Questionnaire) (most facilities move this to section III)
- Release of Information (may be facility specific or use the one in CCQAS)

PROVIDER CREDENTIAL FILES (PCF)

SECTION II

- DA Form 5374- Performance Assessment (current and past)
- Privileges granted (scope of practice/job description) from civilian facilities where the member is employed or practicing
- 2 letters of recommendation (peer letters)
  - For USAR/ARNG – renewed every 2 years

PROVIDER CREDENTIAL FILES (PCF)

SECTION III

- Documents of adverse action by Army MEDDAC, MEDCEN or DENTAC
- NPDB/HIPDB queries performed by the active duty MTF at reappointment, if the query is over 2 years old, or if a reason to query is present
- Copy of Malpractice Insurance and a recent (within one year) claims history.

PROVIDER CREDENTIAL FILES (PCF)

SECTION III (continued)

- Criminal History Background Checks (only if provider is a Contractor or Volunteer who provides care for patients under 18 years of age)
- Letters of notification
- Letters of acknowledgement
- Letters of decision
- Malpractice claims together with the peer review determination whether the standard of care was met
- Copies of any other unfavorable information

PROVIDER CREDENTIAL FILES (PCF)

SECTION IV

- Continuing Medical Education summary, which includes a 3-year history of courses, sponsors, locations (city and state), dates (start/end), and CME hours/units.
- Reference: AR 351-3
- CME Requirements:

MC – 150 hrs/3 yrs

PA – 100 hrs/2 yrs

DC – 30 hrs/yr

SP – 25 hrs/yr

AN – 20 Contact hrs/yr specific

MS – Specialty

PROVIDER CREDENTIAL FILES (PCF)

SECTION IV (continued)

- Lectures given, papers published, and special activities (for example, research)
- Curriculum Vitae (dated and signed from last 2 years)

PROVIDER CREDENTIAL FILES (PCF)

SECTION V

- DA Forms 5440 series, 5441 series, and 5374 from previous MTF's or privileges granted at civilian agencies, if applicable.
- Historical Data (and old DA 5440, DA 5441, old DA 5374, old civilian privileges, old ICTB's, old peer letters)

PROVIDER CREDENTIAL FILES (PCF)

SECTION VI

- Copies of diplomas, certifications, licenses, DEA, Fee Exempt DEA (Facility Specific).
- Verification documentation

PROVIDER CREDENTIAL FILES (PCF)

OTHER POINTS TO CONSIDER

- The PCF will be released **only** to the commander, the credentials committee; and reviewing authorities or official appointed auditors or inspectors.
- **The practitioner is not authorized to hand carry his own PCF.**
- Send PCF by certified mail/return receipt requested only.
- The practitioner is allowed to view their own PCF in the presents of the Credentialing Coordinator

PROVIDER CREDENTIAL FILES (PCF)

- The PCF will be kept for the entire service career of the military practitioner to include the active and inactive ARNG or USAR.
- Upon discharge/separation military PCFs are sent to Human Resources Command (HRC) both hard copy records and electronic records.
- Upon transfer of provider to another unit both hard copy and electronic records are PCS’d to the gaining facility.

QUESTIONS ??????????????????

Break Placement Slide

CREDENTIALING DOUCUMENTS

CREDENTIALING DOCUMENTS

- All state licenses
- Qualifying educational degree
- Medical/Dental degree
- Postgraduate degree
- Residency & Fellowship completion
- Specialty Board Certification
- Other training documents (CME/CHE, etc)

CREDENTIALING DOCUMENTS (cont)

- NPDB/HIPDB Queries
- Peer references (2)
- Current and Previous Delineation of Privileges
- Adverse Action Documents – if applicable
- ECFMG Certification (graduates of Foreign Medical Schools)
- DEA Registration
- Malpractice Insurance

ZIGGY

HEY! WAIT A MINUTE!!
THIS ISN'T A MEDICAL DIPLOMA!
IT'S AN OLD PUBLISHER'S
CLEARINGHOUSE SWEEPSTAKES
CERTIFICATE!
2-17
©1987 Universal Press Syndicate
Tom Wilson

QUESTIONS ??????????????????

LICENSURE CERTIFICATION AND DEA REQUIREMENTS

JCAHO Standards
(MS.5.4 through MS.5.4.3)

- Licensure - verified with the primary source at the time of appointment and initial granting of privileges, at reappointment or renewal or revision of clinical privileges and at the time of expiration

- Verification of current licensure through the primary source Internet site or telephone is acceptable

LICENSURE REQUIREMENTS

- Current, valid, unrestricted license from a state, territory, or District of Columbia
- Must prime source verify (PSV) all license from the states where previously/currently licensed
- ECFMG is required for foreign medical school graduates (excluding Canada)
- License must be maintained even if deployed or stationed overseas

PYSICIAN FULL-FEE LICENSE

- Must pay Initial and Renewal Fees
- State Waivers:

  - FL. Malpractice insurance and Neurological Injury compensation Association (NICA)= Risk Pool

  - KS. Malpractice insurance and healthcare Stabilization Fund = Risk Pool

  - MA. Malpractice insurance

  - OR. Actual practice within the state

  - PA. Malpractice insurance & Medical Professional Liability Catastrophe Loss Fund (CAT Fund) Risk Pool

  - CO. Patient Compensation Fund

WHO REQUIRES LICENSURE?

- Physicians
- Dentists
- Nurses
  - Registered
  - Practical or Voc 91WM6
- Clinical Psychologists
- Audiologist
- Clinical Dieticians
- Pharmacists
- Podiatrists
- Optometrists
- Dental Hygienists
- Physical Therapists
- Social Workers
- Occupational Therapists
- Speech Pathologist

LICENSURE EXEMPTIONS

- Licensure Requirements Exceptions
  - Foreign National Provider – Overseas
    - License or grant of authority from country where practicing or country where trained.
    - Must demonstrate English competency and Current Clinical Competency

    -Physicians and Dentists
      - Within 1 year of completion of training
    - *A Plan of Supervision is required when **unlicensed**

COMPACT STATE LICENSURE FOR NURSES

- As of 1 Jan 05, 20 states have implemented the nurse licensure compact
- What is an interstate compact?
- What determines primary residency for licensure?
- Impact on the military?

LIST OF COMPACT STATES

Arizona
Arkansas
Delaware
Idaho
Iowa
Maine
Maryland
Mississippi
Nebraska
New Hampshire
New Mexico
North Carolina
North Dakota
South Carolina
South Dakota
Tennessee
Texas
Utah
Virginia
Wisconsin

PENDING
New Jersey

LICENSURE REQUREMENTS EXCEPTION FOR AD

- AD Physicians and Dentists
  - Within 1 year of completion of training
- AD Clinical Psychology Internship
  - Within 1 year of completion of post-doctoral supervisory experience
  - Within 1 year of completing doctoral degree
  - LTC Elaine Fleming is POC for Licensure Extensions

Physician Assistant Certification Requirement

- All Army Physician Assistants (PAs) must have National Certification by the National Commission on Certification of Physicians Assistants (NCCPA) within 2 yrs of graduation
- PAs who do not meet this requirement will have their privileges revoked.
- Important for RC Physician Assistants since some states only require licensure.

DEA REQUIREMENT

- Fee Exempt DEA
  - Web based computer program for implementation (https://xnet.tricare.osd.mil/deaadmin)
  - AD facility Physicians and Dentists licensed in any state
  - Reserve Physicians and Dentists when call up during **time of war licensed in any state. This does not apply during regular drills/AT.**
  - Application submission by Tricare Region
  - CCQAS captures DEA #

DEA REQUIREMENT

- Fee Exempt DEA (con’t)
  - GS Physicians and Dentists working for the military **must have** a license in the state they are practicing in.
  - Contract Physicians and Dentists working for the military **must have** a license in the state they are practicing in.
  - Application submission by Tricare Region

PRIME SOURCE VERIFICATION (PSV)

- All licenses, active and (inactive, one time only)
- Qualifying educational degrees
- Medical/Dental degrees/Nurse/Allied Hlth
- Postgraduate degrees or diplomas
- Specialty Board Certification
- ECFMG
- Malpractice policy and claims history

METHODS OF PSV

Telephonic

- Recorded on document or official letterhead containing date, phone number, Who, What, When and Where signed by person making verification
- **Written letter** from issuing agency
- **Web sites** can be used to verify professional credentials, **if** the site is the professional organization's web site. (The identification of who made the web site contact, along with date, should be entered onto the web site printout.)

WHEN TO PSV A LICENSE

- During accession
- Upon receipt of a new license
- At the time of license renewal/expiration
- At time of appointment and initial granting of clinical privileges
- Reappointment or renewal or modification of clinical privileges

SOURCES FOR PSV

- State Licensure Boards
- Educational Institutions
- Training Programs
- Specialty Board
- ECFMG (proof of graduation)
- AMA/AOA Physician Masterfile Profile

  (Must read Verified on the AMA/AOA)

SOURCES NOT USED FOR PSV

- American Board of Medical Specialties (ABMS) cannot be used for specialty board certification. (www.abms.org)

- Federation reports are not accepted as prime sources

PSV
NOT REQUIRED

- DEA Registration
- BLS/ACLS/ATLS

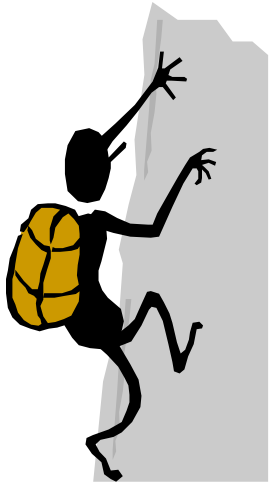
PROVIDER RESPONSIBILITIES

- Ensure PCF is accurate
- Request renewal of privileges prior to expiration
- ALWAYS report malpractice claims, changes in licensure or privileging actions
- Report any changes in physical or mental health

QUESTIONS ??????????????????

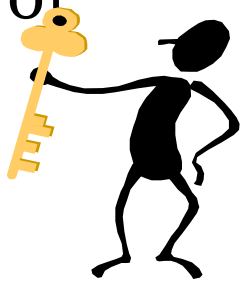
Break Placement Slide

INTERFACILITY CREDENTIALS TRANSFER BRIEF (ICTB)



ICTB

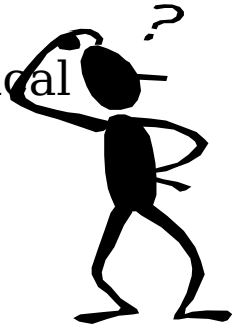
- The ICTB is a summary of the contents kept in the Practitioner's File(PCF).
- Effective 11 December 1995, Department of Defense (DOD), approved the use of an ICTB for ALL privileged providers sent temporarily from one DOD MTF/DTF to another DOD MTF/DTF
- Meets Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards
- Deletes the requirement to send the PCF or copies of the PCF to the Gaining Facility



When can an ICTB be used?

- Providing medical/dental care in MTF/DTF in a temporary duty status
- Reserve component Annual Training (AT), Active Duty for Training (ADT) or Inactive Duty Training (IDT) periods
- Operations other than War (OOTW) deployments
- Mobilization

NOTE: ICTB becomes invalid on the expiration of the clinical privileges and Staff appointment on which it is based.

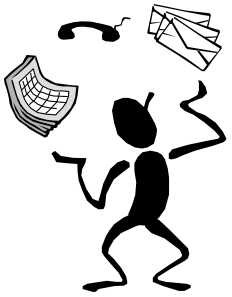


ICTB Process
The Sending Facility

- Review provider's PCF and CCQAS record for completeness and accuracy
- Generate ICTB from CCQAS and send to gaining MTF/DTF facility
  - Attach mandatory information
  - Complete certification & signature
  - Send electronic ICTB and hard copy to gaining facility in CCQAS (Use current date as Start date).
  - Commander or designee must review and sign
- Send to gaining facility NLT 45 days prior to start date

ICTB Letters

- Generated from the CCQAS database
- Electronic Signature Feature (NEW)
- Two types of ICTB Letters are available
  - Active Duty ICTB Letter
  - Reserve or National Guard Letter

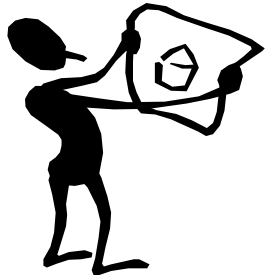


Active Duty ICTB Letter

Paragraphs:

1. Complete Name, Rank, Corps, SSN, DOB, Clinical Specialty, and NPI

2. Qualifying degree, internship, residency, fellowship & other qualifying training. Include completion date of each course AND ascertain presence or absence of PSV



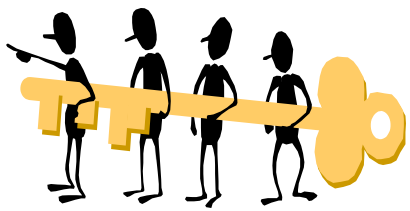
ICTB Paragraphs (cont)

(AD)

3. List all currently held licenses, registrations and certifications with license numbers, expiration date and PSV status.

4. Specialty/board certifications and re-certifications.

5. List all applicable life support training and expiration date.



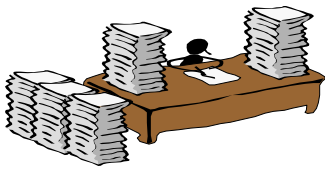
ICTB Paragraphs (cont)

(AD)

6. DEA/Control Drug Substance (CDS) authorizing documents

7. List type of appointment currently held at your unit or MTF/DTF and the expiration date of the appointment.

- List privileges granted or summarize privileges and attach current privilege list(s) granted by unit, MTF/DTF.

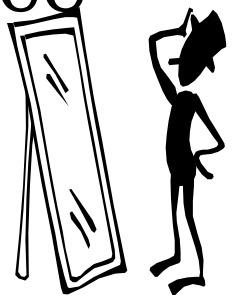


ICTB Paragraphs (cont)

(AD)

8. List date of most recent NPDB/HIPDB query and indicate absence/presence of information in the report.

9. Provide a statement of the nature or purpose of the temporary assignment and request performance appraisals, as appropriate.



ICTB Paragraphs (cont)

(AD)

10. Provide brief statement from individual personally acquainted with the applicant's professional and clinical performance through observation or review to include quality assessment activities. (Paragraph must contain a statement indicating the presence or absence of other relevant information.)

ICTB Paragraphs (cont)

(AD)

11. Provider certification that the PCF was reviewed and is accurately reflected in the brief as of date.

- Must contain statement indicating presence/absence of other relevant information in the PCF.

12. Remarks

13. POC (Who can answer questions about PCF)

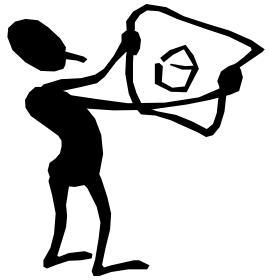
14. MTF/DENCOM Commander/designee signature and date

Reserve/Guard ICTB Letter

Paragraphs:

1. Complete Name, Rank, Corps, SSN, DOB, Clinical Specialty, and NPI

2. Qualifying degree, internship, residency, fellowship & other qualifying training. Include completion date of each course AND ascertain presence or absence of PSV



ICTB Paragraphs (cont) (USAR/ARNG)

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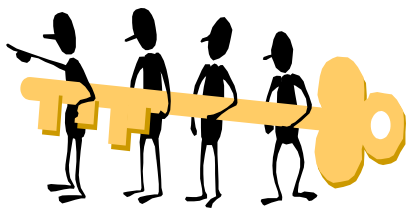

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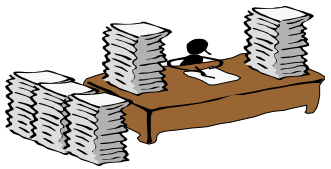
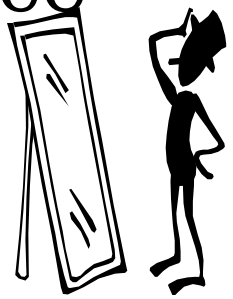


ICTB Paragraphs (cont) (USAR/ARNG)

8. List date of most recent NPDB/HIPDB query and indicate absence/presence of information in the report.

9. Provide a statement of the nature or purpose of the temporary assignment and request performance appraisals, as appropriate.



ICTB Paragraphs (cont) (USAR/ARNG)

10. Provide brief statement from individual personally acquainted with the applicant's professional and clinical performance through observation or review to include quality assessment activities. (Paragraph must contain a statement indicating the presence or absence of other relevant information.)

ICTB Paragraphs (cont)

(USAR/ARNG)

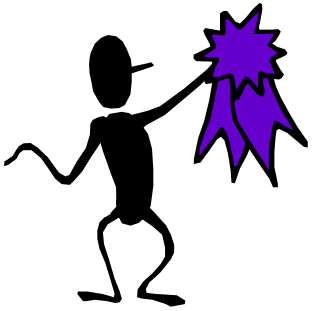
11. Provide current civilian position, place of employment or facility where privileges are held and a list of the clinical privileges held by the provider.
12. Provider contact information
13. USAR/ARNG Training Data

ICTB Paragraphs (cont) (USAR/ARNG)

14. Verification of ICTB Content
15. Additional Comments
16. Unit Credentials POC (Who can answer questions about PCF)
17. Commanders Signature

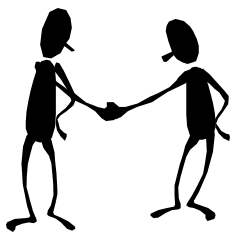
Certification

- Certifying signature (& date) by the Commander of the unit, MTF/DTF
  - Chief of Prof Svc or DCCS can be authorized to sign
  - RC unit commander/STARC Surgeon may delegate



ICTB Process
The Gaining Facility

- Contact the Sending Facility for missing items or expired credentials
- May request a certified true copy of the PCF, if questions or issues arise in review of the ICTB
- Integrate the ICTB into the formal privilege application process
- Grant provider privileges at gaining facility as appropriate
- Perform evaluation/appraisal at the conclusion of the duty period and forward to provider's MTF/DTF/Unit



Mandatory Attachments AD/USAR/ARNG

- AD: Copy of Current military privileges. If AD provider does not have current Military privileges then two Peer Reference Letters are required.
- USAR/ARNG: Copy of all Civilian Privileges, Scope of Practice, Job description and Military Privileges (if Applicable), and 2 peer letters.
- Peer Letters must be within 24 Months
- DA Form 5440 (Delineation)– Specific to AOC
- DA Form 5440A – (Approval of Clinical Privileges/Staff Appointment) Top Portion 1-5

  Reference; AR 40-68, par 8, section 11, item B

Mandatory Attachments AD/USAR/ARNG (Cont)

- DA From 5754 (Mal Practice History and Clinical Privileges Questionnaire)
- Authorization for Release of Information
- POC information from each facility that has awarded the current privileges

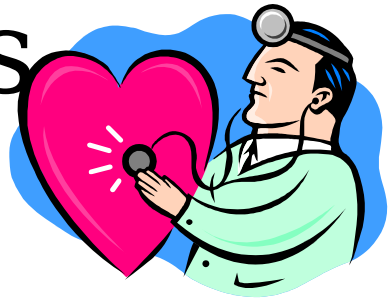
ICTB Hints

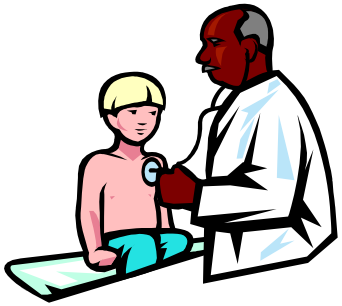
- Attention to detail
- Standardized format
- Timeliness
- Commander/Designee is Responsible
- Keep CCQAS Command Parameters and MTF Contacts current

Break Placement Slide

QUESTIONS ??????????????????

Privileging and Appointment Process





What is Privileging?

Authorization by the governing body to provide specific patient care and treatment services in an organization, within well-defined limits, based on an evaluation of an individual's license, education, training, experience, competence and judgment.

Illustration by Dave Harbaugh

“To give you some idea of today’s bizarre agenda
here’s a candidate who wants to be privileged for a

Criteria for Clinical Privileges

- Hospital/facility specific
- Clearly delineated to include limitations
- Based on current or demonstrated competence

PRIVILEGING PROCESS

- Reviewed by Senior Medical Officer and Credentials Committee
- USAR - Approved by Hospital CDR
- ARNG - Sent for approval to State Surgeon or TAG designee

Considerations for privileging

- Competence: The ability of the provider to apply interpersonal decision making and psychomotor skills at the level of knowledge expected for the provider's current practice role; legal qualification or authorization to perform role

Considerations for privileging cont.

- Ensure privileging standards are applied uniformly
- Application is submitted in writing with pertinent forms
- Evidence of core criteria
- Review of all previous adverse and/or malpractice actions
- Be aware of any deviations

Core Criteria

- Based on credentials/clinical competence
  - Current licensure/certification/registration status
  - Relevant training and experience
  - Current competence-civilian affiliations, private practice
  - Ability to perform the privileges requested
  - Previous adverse actions
  - Previous malpractice actions
  - Peer recommendations
  - Participation in CME
  - Current Basic Life Support (BLS)
  - Physical and mental health review
  - Capabilities and/ or limitations of MTF facility and staff

PROVIDER RESPONSIBILITIES

- Ensure PCF is accurate
- Request renewal of privileges prior to expiration
- ALWAYS report malpractice claims, changes in licensure or privileging actions
- Report any changes in physical or mental health

Who must be granted clinical privileges?

- Providers given the authority and responsibility for making independent decisions to diagnose, initiate, alter or terminate a regimen of medical or dental care.

Professions that Require Clinical Privileges

- Physicians
- Dentists
- Physician Assistants
- Nurse Practitioners
- Nurse Anesthetists
- Nurse Midwives
- Clinical Dieticians
- Clinical Pharmacists
- Speech Pathologists
- Podiatrists
- Optometrists
- Clinical Social Workers
- Clinical Psychologists
- Clinical Directors of Army Substance Abuse Programs
- Physical Therapists
- Audiologists
- Others as appropriate

Types of Privileges

- Regular
  - Granting permission to independently provide medical and other patient care services in the facility within defined limits, based on the individual's education, competence, ability, health, and judgment.
- Regular privileges shall not be granted for periods exceeding 24 months

Types of Privileges (Cont)

- Temporary
  - Granted in emergent situations when time constraints will not allow full credentials review
  - Temporary privileges cannot exceed 30 days
  - Granting of temporary privileges should be relatively rare, and then only to fulfill pressing patient care needs
  - May be granted with or without an appointment to the medical staff

Type of Privileges (Cont)

- Supervised
  - Used to identify the privileging status of non-licensed or non-certified providers, who according to JCAHO standards, may neither be appointed to the medical staff nor practice independently
  - Supervised privileges shall not be granted for periods exceeding 24 months
  - **NO LICENSE – NO INDEPENDENT PRACTICE!!**

Plan of Supervision

- A formal, written plan is required for unlicensed providers
  - Designate primary and alternate licensed supervisor
  - Supervision clearly defined
  - Will include appropriate monitoring
  - Supervisory level will be more comprehensive than required for a licensed provider
  - Copy of plan put in PCF and given to provider and supervisors

Enhanced Supervision for Providers

1. Enhanced supervision is not an adverse privileging action against a provider. It doesn't alter the individual's medical/dental staff appointment status nor does it reduce the provider's category of privileges as awarded by the institution.

Enhanced Supervision for Providers cont.

2. Enhanced supervision for up to 6 months (with extension granted on an individual basis), may be required when, in the best interest of the quality patient care, the privileged provider's performance warrants closer attention.

Enhanced Supervision for Providers cont.

- Reasons Enhanced privileges could be used:

  - Following a PCS move or TDY to ensure full clinical competence

  - When privileges for a new procedure or technology are considered

  - For a providers returning to clinical practice following an extended absence of patient care responsibility

  - For the novice provider who is developing his/hers clinical practice skills

Categories of Medical Staff Appointments

- Initial
- Active
- Affiliate
- Temporary
- None

Initial Appointment

- Used on first appointment to DOD facility
- Performance reviewed by Department Chief for clinical competence and compliance with facility policies
- Not to exceed 12 months

Active Appointment

- All applicants meeting all qualifications for membership to medical staff
- Shall not exceed 24 months
- Expected to participate fully in appropriate activities of medical staff

Affiliate Appointment

- Meet all qualifications for membership, but who, due to conditions of employment, are not assigned organization responsibilities
- Shall not exceed 24 months
- May apply to providers in following categories: resource sharing personnel; part-time contracted staff, consultants, RC providers

Temporary Appointment

- Granted in emergent situations <u>ONLY</u>
- Only to fulfill pressing patient care needs
- Cannot exceed 30 days

No Appointment

- Provider without a license or other authorizing document
- Provider otherwise not appointed to medical staff membership

Medical Staff Appointments and Privileges

- Privileges may be granted with or without an appointment
- Appointment not made without granting privileges
- Providers may not admit patients without being appointed to the medical staff
- Appointment is for no longer than two years
- Must consider criteria that is directly related to the quality of care

Privileging and Appointment Process

- Application submitted in writing
  DA forms (http://www.apd.army.mil)
- Review by Credentials Coordinator
- Evaluated by Department Chief(s) (AC requirement)
- Reviewed by Credentials Committee
  - Non-binding recommendation to Commander
- Commander makes decision

Process for Privileging Commanders

- Reviewed by Department Chief and Credentials Committee
- Sent for approval to:
  - MTF/DTF to responsible RMC/RDC
  - MEDCEN/RMC/RDC to MEDCOM/DENCOM Commander
  - RC Commanders/Surgeons to next higher medical command

Process for Privileging Contractors

- Contractor responsible for PSV and assembling PCF
- Action will be withheld until information is available and verified
- Personal interview not required for non-personal service contractors
- Denying privileges

Process for Privileging Administrators

- Same procedure as all other applicants
- Must ensure current competency
- Must work often enough to have competency evaluated
- Cdr may require a Plan of Supervision

Process for Privileging Red Cross Volunteers

- Same procedure as for all other providers
- Considered employees of the Government for purpose of Federal TORT Claims Act/Gonzales Act

Responsibilities of Active Component Commander

- Establishes mission of facility/unit
- Ensures committee is properly meeting its objectives
- Grants or denies clinical privileges and medical staff appointments
- Serves as DHS (Director of Health Services) for geographical area of responsibility

RC Hospital Commander/State Surgeon or The Adjutant General Designee (TAG)

- Establishes/validates the mission of the RC unit
- Ensures credentials committee is properly meeting its objectives
- Grants or denies clinical privileges to meet RC mission, as appropriate
- Recommends privileges to ACTIVE DUTY MTF/DTF commanders based upon clinical competency as assessed within RC mission and/or demonstrated within civilian affiliations

Geographical Site of Practice

- Site of Practice
  - Within US Army MTF or DTF to include troop medical clinics (TMCs)
  - Within RMC Health Services area at remote site
  - Within RMC Health Services area field environment
- Privileges Granted by:
  - MTF/DTF Commander with recommendations from RC credentials committee and commander
  - RC Commander or State Surgeon
  - RC Commander/State Surgeon following policy outlined in health service support annex to operations order

BOTTOM LINE UP FRONT

- THE DHS HAS RESPONSIBILITY OF CARE WITHIN THEIR AREA OF RESPONSIBILITY

Privileges Granted by RC

- Remote site definition: Physical examination sites, AMC depots, semi-active federal sites, field sites when conducting unit training and ARNG state operated mobilization sites
- An ICTB and copies of all privileges granted by the RC commander/State Surgeon and/or civilian facilities will be sent 45 days prior to activity to the DHS with responsibility for Health Services area
- The information will be reviewed and maintained for the duration of the period – this is “not” a privileging action.

Governing Body Responsibility

- It is of utmost importance to comply with the guidance in this instruction. The role of the commander is to use the requirements of AR 40-68, Clinical Quality Management, to accomplish the mission of providing high quality health care. If good judgment dictates deviation from the provision of this regulation, the following guidance is offered:
  - **Have a sound, supportable reason for the deviation. Document the rationale and ensure that the quality of care delivered to the patient is not compromised.**

Clinical Competence

- Demonstrates responsibility and accountability for practice decisions and actions
- Applies knowledge and skills at level required for a particular practice situation
- Assures that patient's welfare prevails
- Participates in professional development activities needed for practice decisions and actions
- Exercises sound professional judgment
- Personal guidelines reflect professional, ethical, and legal standards of practice
- Attainment and maintenance of competence is a personal responsibility

Review of PCF: RED FLAGS

- Gaps/missing dates
- Discrepancies between applicant's information and verifications
- Previous adverse actions
- Drugs and/or alcohol abuse
- Felony conviction
- Any lawsuits pending or settled
- Canceled malpractice insurance
- Frequent job changes
- Suspicious referenced letters
- Altered documents

QUESTIONS ??????????????????

Break Placement Slide

The Credentials Committee

Medical Staff Committees Functions

- JCAHO's approach – sustainment of functions
- "A committee of the whole" performing all medical staff QM monitoring and evaluation activities
- Required functions:

-Medication Use -Operative & other invasive procedures

-Medical Records -Credentials

-Blood/blood components -Tumor board/cancer conference

-Infection Control -Deaths requiring autopsy

-Other functions as may be required

Responsibilities

- Ensure privileging standards are applied uniformly
- Advise Commander of any discrepancies identified
- Review education, training and competencies against duty AOC. (ARNG issues)
- Provide recommendations on the scope of individual clinical privileges granted
- Make recommendations to grant, enhance, suspend, restrict or revoke a provider’s privileges/appointment to Commander

Committee Requirements

- Meets formally or on call
- Announcement of committee sessions in writing (trng schedules, notification to providers)
- A majority of members eligible to vote must be present
- Voting is carried out by a show of hands, written or Electronic ballot.
- All members must vote either yes or no
  - Total vote casts will be recorded in minutes
  - Disqualified/excused individuals will be absent during voting

Composition

- Physicians must compose greater than 50% of the voting members
  - Chief of Medicine
  - Chief of Surgery
  - Chief of Primary Care and/or Community Medicine or Chief of Family Practice, as appropriate
  - Chief of Nursing
  - DCCS or Designated Physician or Chairperson
  - Other personnel selected by Commander
  - Recorder
    - *at least three (3) individuals

RC Committees

- Medical units having enough providers from the same discipline will form a committee
- Units without enough providers will:
  - Send files to the nearest RC medical unit that has a committee
  - Coordinate with the next higher HQs
  - ARNG units will coordinate with the ARNG State Surgeon, as designated by The Adjutant General (TAG), of the respective State
- ARNG State Surgeon will not serve as chairman of ARNG credentials committee
- Multiple states may coordinate to convene an ARNG regional committee serving several states

Records and Reports

- A written record (formal minutes) of each committee meeting will be kept
  - Date of meeting and time began and ended
  - Attendees (Name/Position, present and absent)
  - Content of all discussions
  - Old business
    - New business
  - Process and outcome (Conclusions):
    - Findings
    - Recommendations
    - Actions taken
  - Authorized signature (Chairperson)
- The QA disclaimer statement will appear on all documents

Records and Reports

- Name of providers considered will be listed
- Each provider considered by the board will have their respective clinical privileges determination clearly identified (approval, suspension, restriction or revocation)
- Minutes are kept per ARIMS
  - https://www.arims.army.mil/
- Minutes will be approved
- A copy of minutes will be provided to each committee member
- The committee chairperson and/or Quality Assurance Coordinator will be consulted before any records are made available to other than committee members

Guidelines for Committee Actions (SAMPLE)

- 3 Months Prior to Expiration of Privileges or AT
  - Generate list of providers
  - Pull PCFs for providers on list
  - Notify individual provider of requirement to update and submit request for renewal and any new documents
  - Notify Department of upcoming renewals or providers working within that department
  - Assist in obtaining performance data
  - Review and file documents as they are received
  - Query NPDB (Physicians/Dentists)
- 2 Months Prior to Expiration of Privileges or AT
  - All PCFs must be completed

Guidelines for Committee Actions (continued)

- One Month Prior to Committee Meeting
  - Schedule date/time
  - Prepare agenda, using only complete files
  - Call all representatives that have been requested that are not normally a part of the credentials committee
  - Prepare administrative review check lists
- Prior to Meeting
  - Brief Chairperson regarding agenda and any controversial issues
  - Prepare folders for members and nonmembers
  - Make copies of previous months' minutes for committee members

Conducting the Meeting

- Approve minutes from previous meeting
- Assist members in presenting their subordinates records
- Clarify credentials/privileging issues
- Present any new standards or credentialing/privileging requirements
- Record any in-depth discussion regarding a provider
- Ensure confidentiality
- All records are kept in the room
- All voting records are accounted for

Following the Meeting

- Review voting records prior to removal from room
- Count votes on separate tally sheet
- Write in new privileging period in item 4 at top of

  DA 5440A
- Place “X” in appropriate block for item 5 on DA 5440A
- Prepare files for review and award of privileges by Commander

Following Commander's Award of Privileges

- Document award of privileges within minutes
- Prepare minutes of the meeting using date CDR signed
- Notify provider of award of privileges
- Prepare memorandum for Department Chiefs notifying them or privileging action
- Enter HCP privileging status into appropriate databases
  - (CHCS, CCQAS, etc)

QUESTIONS ??????????????????

Break Placement Slide

Reprivileging/Reappointment and Appraisals

LOOKING

at

DATA

It’s Time to Do it ALL over Again!

- The initial appointment process focuses on the provider’s training and experience from external sources
- Every two (2) years
- Reappointment/recredentialing and appraisal intent - Ongoing monitoring of information concerning, professional performance, judgment and clinical competence from internal sources

Changes related to Process

- NPDB/HIPDB query
  - New DOD Instructions - Implementing Guidance published
    - All privileged providers - “NOT” just MC/DC
- JCAHO Revised Standards
  - Licensure Prime Source Verification
  - Appraisals

When to PSV Licensure Again!

Credentialing Requirements	Privileging Requirements
Accession	
New License	Appointment & Initial Privileges
License Renewal or Expiration	Reappointment or Renewal or Revision of Privileges

JCAHO Standards
(MS.5.12 through MS.5.12.3)

- Appraisal - for reappointment to the medical staff or renewal or revision of clinical privileges is based on ongoing monitoring of information concerning the providers professional performance, judgment, and clinical or technical skills
- Intent - That relevant practitioner specific information from organization performance improvement activities is considered and compared to aggregate information when these measures are appropriate

Process

- Defined in Medical Staff Bylaws, rules and regulations or policies
- Plan should address:
  - Applicant's responsibilities
  - Methods of evaluation to include:
    - Identify performance data by provider type
    - Establish what form elements will take
    - Identify data sources for particular elements
    - Frequency of data collection
    - Responsibility for data collection
  - Governing body's authority to reappoint

Requirements

- Focus is on professional behavior and competence within facility
- Same four (4) professional criteria used:
  - Licensure
  - Relevant training and/or experience
  - Current competence
  - Ability to perform
- In addition, criteria must include data related to the quality of care

Data Collection

- From various sources to address common components:
  - Volume
  - Outcomes
  - Scope of Service
  - CE
  - Compliance with Bylaws
- Consolidation of data recorded on DA Form 5374 - Performance Assessment
  - Under revision - supplemental overprint appropriate

Practitioner Activity File (PAF)

- Data collection for privileging will be maintained in the provider activity file (PAF)
- PAF is an extension of the PCF(but not included in it) used primarily for AC
- Found within the PAF:
  - Peer Review Documents
  - Practice profile and outcome documents
  - Supervisor Reports
- The PAF will not accompany the PCF when the provider transfers to another MTF/DTF/unit

Applicant's Responsibility

- Initiate and accurately complete application
- Provide information on any health status change
- Review and update any changes in education and provide new information
- Identify all sites where 'moonlighting' (Active Duty)
- Respond to further requests for information
- Assist with obtaining peer references and written evaluations

PITFALLS

- Renewing privileges that have not been exercised in the past period at any facility
- Rubberstamping privileges requested
- Assuming that no changes in privileges are in order unless requested by the applicant
- Waiting for reappointment to verify current status of credentials that have expired during the period of appointment

PITFALLS (Cont)

- Failing to compile and review a profile of the practitioner's utilization and quality data (AC)
- Allowing a term of appointment (usually specified in the bylaws as one or two years) to expire before the provider either receives the reappointment application or the reappointment is approved by the governing body
- Failing to acquire additional information from all duty locations

QUESTIONS ??????????????????

Break Placement Slide

ADVERSE PRIVILEGING ACTIONS

Adverse Actions

There are mechanisms, including a Fair Hearing and Appeal Process, for addressing Adverse Decisions for those holding Clinical Privileges.

Reference: JCAHO MS .5.2

Privileging Actions

- Reappraisal
- Augmentation
- Modification
- Abeyance
- Summary Suspension
- Suspension
- Restriction
- Reduction
- Revocation
- Denial

ABEYANCE

- **Temporary Assignment to Nonclinical Duties**
- **While Investigation Conducted**
- **Initially not to Exceed 15 Days**
- **CDR May Extend Once for 15 Days**
- **Not an Adverse Action**

SUMMARY SUSPENSION

- Temporary Removal
- Taken Prior to Completion of Due Process
- Action Taken
  - Following period of abeyance
  - Initial Action
- Not Reportable within DOD

SUSPENSION

- **Temporary Removal of Privileges**
- **Total or Partial**
- **Opportunity for Hearing**
- **Reportable**

RESTRICTION

- **Limit Placed on all or a Portion of Privileges**
- **Higher Degree of Supervision**
- **Permanent/Temporary (Specific Time Period)**
- **Reportable**
- **Opportunity for Hearing**

REDUCTION

- **Permanent Removal of a Portion of Privileges**
- **Reportable**
- **Opportunity for Hearing**

REVOCATION

- **Permanent Removal of all Clinical Privileges**
- **Reportable**
- **Opportunity for Hearing**
- **Cannot revoke before the Hearing**

DENIAL

- **Denial of request for Clinical Privileges due to reasons related to the competency or ability of the Provider to render Quality Medical Care**

- **Denial due to Hospital specific limitations is <u>NOT</u> adverse**

Reasons to Take Adverse Action

- Incompetence
- Unprofessional Conduct
- Medical Incident
- Impairment
- Evidence
  - Deficits in medical knowledge or judgment
  - Unethical or criminal conduct
  - Mental health disorders or drug/alcohol impairment

Reference: AR 40-68, Chapter

REASONABLE CAUSE

- **Single Incident of Gross Negligence**
- **Pattern of Inappropriate Prescribing**
- **Pattern of Substandard Care**
- **Act of Incompetence or Negligence resulting in Death or Serious Bodily Injury**

Reference: AR 40-68, Chapter

REASONABLE CAUSE (Cont)

- **Alcohol/Drug Abuse or Dependence**
- **Physical or Psychiatric Disability**
- **Unprofessional Conduct**

Reference: AR 40-68, Chapter

Who Initiates Summary Actions?

- **Commander**
- **Chairperson, Credentials Committee**
- **Chief of Department/Service if Patient's Welfare is Threatened**
- **Senior Available Medical Officer in Unusual Cases**

Reference: AR 40-68, Chapter

Summary Action Procedures

- **Abeyance/Summary Suspension Effective Immediately**
- **Notify Provider in Writing**
- **Immediate Notification to MEDCOM**
- **Immediate QI Investigation**

Reference: AR 40-68, Chapter

Quality Improvement Investigation

- **Credentials Committee Chairperson <u>will</u> appoint an Investigation Officer**
- **Commander <u>may</u> request assistance from Higher Headquarters or an Unaffiliated Civilian Specialist**
- **Investigation <u>may</u> Include**
  - **Voluntary consultation with HCP**
  - **Review a relevant document**
  - **Interviews with other persons**

Reference: AR 40-68, Chapter

Quality Improvement Investigation (Cont)

- **Investigation should present Factual Findings and may include Conclusions and Recommendations**
- **CDR may reinstate Privileges prior to Conclusions of Investigation if Absence of Substandard performance is Clearly Indicated**
- **IO may <u>not</u> participate or Vote as Member of Credentials Committee**

Reference: AR 40-68, Chapt

Summary Action Procedures

- **Review and Recommendations by Credentials Committee**
- **Determination of Privileging Action by Commander (Suspension, Restriction, etc)**
- **Written Notification to HCP of Action and Hearing Rights**

Reference: AR 40-68, Chapter

PEER REVIEW PROCESS

- Intent

  - Summarily suspended/Adversely effected

  - Internal/External

  - Evaluate performance, conduct, determine extent of problem

  - Recommendations through credentials committee to Commander

Reference: AR 40-68, Chapter 10

PEER REVIEW PROCESS cont.

- Individuals involved with Peer review should not vote on Credentials/RM committees
- Focus on Provider's ability to practice
- Provider may/may not be present
  - Submit Written Statement
  - Verbal Statement for clarification of issues
  - Ask or Answer Questions
  - Cannot be present for committee discussion

Reference: AR 40-68, Chapte

Notification of Peer Review

- Notification letter and Receipt Acknowledgement:

  - Within 14 days of decision

  - Specify Date, Time, Location

  - Statement must include (Alleged Facts, Events, Conduct)

  - Rights regarding participation in peer review proceedings

  - Commander needs to designate POC to Receive correspondence from provider

Reference: AR 40-68, Chapte

Panel Composition

- Odd number of members
- Designated Chairperson
- Similar background, grade, years of experience in the same professional capacity/specialty
- Members can be from other MTFs (Internal)

Reference: AR 40-68, Chapte

Panel Composition cont.

- Case File & supporting documents can be sent to another MTF (External)
- May be done by: Audio/Video/Teleconference
- Who should NOT be voting participant:
  - Providers for whom the individual is the Supervisor
  - Individual who suspended privileges/recommended Administrative or Legal Action
  - Investigating Officer

Reference: AR 40-68, Chapte

Panel Composition cont.

- Person whose testimony plays significant part in case
- Member who is participating or has participated in other administrative proceedings: (Court Martial/ Admin Review Board)
- Member who is reviewing or has reviewed provider's actions under consideration by Credentialing Committee
-Credentialing/Risk Manager Committee Chairperson

Reference: AR 40-68, Chapte

Hearing Rights

- **Written Notice to Providers**
  - **ASAP, NLT 14 Days (Calendar)**
  - **Specify Deficiencies**
  - **Specify Suspension, Restriction, etc Duration**
  - **Right to a Hearing Committee**
  - **Deliver in Person or by Certified Mail**
- **Provider has 10 Duty Days to Request Hearing**
- **Failure to Request Hearing Waives Hearing and Appeal Rights**

Reference: AR 40-68, Chapter 10

Notification of Hearing Committee

- **Specific Allegations**
- **Time and Location of Hearing**
  - **10 Duty Days from Receipt**
  - **30 Calendar Days for RC**
- **Right to:**
  - **Be Present**
  - **Present Evidence**
  - **Question Witnesses**
  - **Call Witnesses**
  - **Consult with Legal Counsel**
- **Deliver Personally or by Certified Mail**

Reference: AR 40-68, Chapter 10

Hearing Committee Procedures

- **Hearing Committee closed unless Provider request Observers**
- **Statements should be Supported by Specific Incidents**
- **Case Histories tabbed as Exhibits**
- **Provider excused at End of Presentations**
- **All Members will Vote**

Reference: AR 40-68, Chapter 10

Hearing Committee Procedures (Cont)

- **Recommendations by Majority Vote**
- **Credentials Committee may Serve as Hearing Committee**
- **Review for Legal Sufficiency**
- **Nonbinding Recommendations Submitted to Commander for Action**

Reference: AR 40-68, Chapter 10

Hearing Committee Recommendations

- **Reinstate Privileges**
- **Suspend/Restrict/Reduce Privileges**
  - **Specify Limitation**
  - **Identify Deficiencies Requiring Improvement**
  - **Specify Requirements for Reinstatement**
  - **Involuntary Release if in Conditional Status (Civilian)**
- **Revoke Privileges**
- **Reconvene Hearing**
- **Does Not Make Recommendations for Reassignment**

Reference: AR 40-68, Chapter 10

Commander's Action

- **Ensure Review for Legal Sufficiency**
- **Review Record, Findings and Recommendations for Hearing and Credentials Committee**
- **Provider Notified in Writing of Decision and Right to Appeal if Adverse**
- **Copy of Notice Placed in PCF**

Reference: AR 40-68, Chapter 10

Commander's Action (Cont)

- **Department/Service Chief Notified of Decision**
- **Withdraw Permission for Off-Duty Employment**
- **If Employment continues, Notify Civilian Institution of Actions**
- **Notify MEDCOM**
  - **DD Form 2499**
  - **All Applicable Minutes**
  - **All Correspondence**

Reference: AR 40-68, Chapter 10

Appeal Procedures

- **Apply to All Providers**
- **10 Duty Days to Submit Request for Reconsideration to CDR**
- **CDR has 15 Calendar Days to Consider**
- **If Denied in Whole or in Part, Endorse as Appeal to TSG and Send to MEDCOM QM**

Reference: AR 40-68, Chapter 10

Appeal Procedures (Cont)

- **Legal Review**
- **Review by Appeal Committee**
- **Nonbinding Recommendation to Appellate Authority**
- **Appellate Authority can Deny Appeal or Grant in Whole or in Part**
- **Appeal Decision is Final**

Reference: AR 40-68, Chapter 10

Reporting Adverse Action Information

MTF Commander can only Report Adverse Privileging Action to:

- **Civilian “Moonlighting” Sites**
- **Other MTF’s where Provider is Privileged**
- **Contractors, through the COR**
- **MEDCOM QM Division**

Reporting Adverse Action Information

The Office of The Surgeon General is the Only Reporting Authority to:

- **NPDB/HIPDB**
- **Federation of State Medical Boards**
- **Other Licensing/Certification Agencies**
- **State Regulatory Agencies**
- **Civilian Healthcare Entities**

National Practitioner Data Bank Reporting

- **WHO: All providers/professionals**
- **WHAT:**
  - **Adverse Privileging Action > 30 Days**
- **WHO Reports: OTSG (MEDCOM)**

HEALTH INTEGRITY AND PROTECTION DATA BANK

- UCMJ Action (approved by courts-martial convening authority or final no judicial punishment)
- Adverse Personnel Actions (Military Members)
- Adverse Civilian Personnel Actions
- Contract Termination for Default

PITFALLS

- No Documentation
  - Not Receiving Follow-up Documentation in Timely Manner
  - Not Receiving Complete (Supporting) Documentation
- Due Process not Followed
- No Action/Appropriate Action not Taken
- Revocation Before Hearing
  - Suspend with the Intent to Revoke

PITFALLS CON'T

- Combining CID/QA Investigations
- Documents not Signed by Provider
- Implications of Leaving Military/Federal Service
  - Before Action is Complete
  - Before Completion of Impaired Provider Program
- No Legal Review
- Discharge/Separation Order

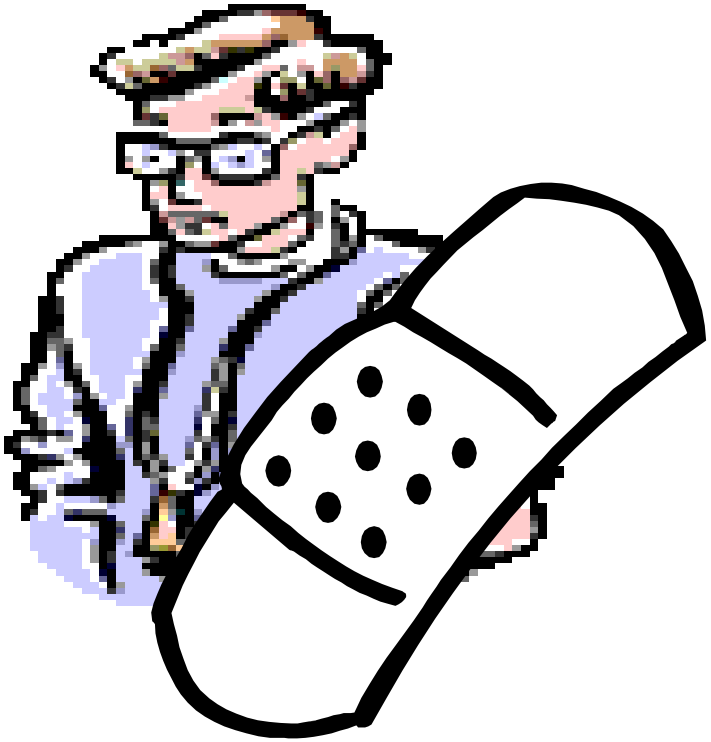
PITFALLS CON'T

- Court Martial Order – Signed Specifications for Reporting Verbage
- MTF Reporting to Regulatory Agency
- Viable Attempts to Notify Provider = 2

QUESTIONS ??????????????????

Break Placement Slide

IMPAIRED PROVIDER HEALTH PROGRAM



Regulatory Guidance

- AR 40-68, Chapter 11 (Active Component)
- AR 600-85 (ASAP)
- DOD Directive 6490.1 (Mental Health Evaluations)
- State and Federal Law

Key Program Elements

- Prevention and early identification
- Roles and responsibilities
- Mechanism to promote recovery and ensure patient safety
- Credentialing actions
- Reporting
- Education

It Applies To…

- Any individual who directly or indirectly affects patient care and who, because of an alcohol or drug abuse or medical or psychiatric condition, is unable to render safe patient care.

What is an Impairment?

- An underlying significant condition
- Altered behavior or performance

Chemical Dependency

- Substance – Drugs (to include prescriptive), and/or alcohol
  - Abuse and/or dependence
- Trend is to treat as disease process
- Providers usually successful
- Types of Programs in civilian sector
  - Disciplinary
  - Non-disciplinary

Medical and/or Psychiatric Problems

- Medical conditions – ex. neurological, vision
- Psychiatric conditions – ex. depression, bipolar
  - If applicable, both should be managed within parameters of AR 40-501. (Fitness for Duty)
  - Manage restrictions to practice

Issues and Concerns

- Facilitating or concealing problem does not help provider
- Work is usually the last place things fall apart
- Outcomes usually more successful if identified early
- Participation in an Impaired Provider Program can take the pressure off of provider, co-workers and supervisors

Additional RC Issues

- Provider may/may not notify Commander of licensure and/or practice related restrictions
- The state licensing board establishes the parameters of a provider's practice
- State boards vary greatly in the management of impairment
- Any limitation to the practice of medicine or restriction to practice affects mobilization readiness

Interaction with Providers

- Understand the program
- Information Release
- Support RC Provider enrolled in State program
  - Assure that all criteria are met
  - Obtain copy of contract and review program requirements
- Advise
- Discuss progress reports and status
- Re-emphasis on potential outcomes/actions

AC Process – 2 Year Period

- HCP identified
- Report through department chief to impaired provider ad hoc committee
- Immediate removal from patient care, review scope of practice and make recommendations
- Enrollment into treatment program
  - Treatment – inpatient or out patient
- Ongoing monitoring
- Aftercare – 1 year

Civilians – A Different Process

- Eligible for Army Substance Abuse Program
- CPAC good resource for advice
- Counsel Administrative Action – termination
- Understand your role as supervisor
- Documentation is key!!!

General Characteristics of a State Action

- Provider and State enter into an agreement
- License is placed on “probation”
- Under a contract for 3-7 years, varies
- May engage in practice of medicine provided all terms of agreement met
- Upon expiration of disciplinary period – full restoration of license “IF”

Examples of Agreement Terms

- During disciplinary period:
  - Abide by all provision, laws, rules and regulations
  - Notify board of work and home locations
  - Participation in a recognized impaired health program
  - Requires notification of all employees

Examples of Agreement Terms (Cont)

- Often require to undergo further evaluation by appropriate agency
- Can’t leave the state without permission
- Closely monitored (random testing)
- Unannounced visits from Board’s representative

Potential Outcomes

- Full Recovery
- Re-entry/Reinstatement of Privileges gradual
- Some restrictions may remain, i.e. prescribing or administering controlled drugs
- Recommendation for change in AOC/discipline
- Not all stories have a happy ending

Disciplinary Actions and Reporting

- MEDCOM will be notified by use of DD 2499 for instances of:
  - Enrollment in an impaired provider program, even if self report
  - Any adverse privileging actions as a result of an impairment
  - Criminal activity
  - Non-compliant in treatment program
- **TSG is reporting authority to all professional regulatory authorities**
  - HCPs who separate from military prior to completion of program

Summary

- Confidentiality is critical
- May/may not have restrictions to license
- Physical, psychiatric and chemical programs vary dramatically between active duty programs and state programs
- AR 40-68 currently provides guidance for RC providers.
- Mobilization implications for RC
- Commander has ultimate responsibility

QUESTIONS???

QUALITY MANGEMENT DIVISION
U.S. ARMY MEDCOM

“Without quality, there is no value”